

# Health Department, City of Baltimore.

Permit No.

98682 Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

March 17<sup>th</sup>

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

24

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

New Jersey

Duration of Residence in the City of Baltimore,

Rig wales

Place of Death,

{ Give Street and Number. }

712 Russell St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Phthisis Pulmonalis.

Duration of Last Sickness,

2 years.

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

March 19<sup>th</sup> 87

{ Undertaker,

E. F. Manser Low

{ Place of Business,

703 Hanover.

Address,

C. Clumbe & Fremont Ave

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98683

Office of Registrar of Vital Statistics.

Ward

6<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death, March 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ulrich Christian Brack

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 28 Months, 28 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1734 E. Eager St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis

Conussions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday March 12

Undertaker, H. Schmittson

J. W. Houch M. D.

Medical Attendant.

Place of Business, 1315-1317 Eager St Address, 1005 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. *98684* Office of Registrar of Vital Statistics. Ward *13<sup>2</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, *Mar. 18<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jacob Wisong*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *5 6* Years, *—* Months, *—* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Painter*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Frederick, Md.*

Duration of Residence in the City of Baltimore, *Forty years*

Place of Death, { Give Street and Number. } *University Hospital*

Cause of Death, { First (Primary), Second (Immediate), } *Surgical Kidney Uremic coma*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 21*

{ Undertaker, *Andrew Rohde* } *J. P. Nott* M. D.

Medical Attendant.

{ Place of Business, *730 Penna Ave* } Address, *University Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98685 Office of Registrar of Vital Statistics.

Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. W. Brooks.

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, 15 Days.

Color, Caucasian

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Colonel

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 714 Penn alley

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Cemetery

Date of Burial, March 20<sup>th</sup> 1887

Undertaker, Samuel W. Chase

Place of Business, Home

Address, 226 Mulberry St

Louis C. Hunt M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98686 Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, Mich. 18<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Knopf.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, 2 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } N. E. Cor Orleans & Forrest Sts.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Meningitis

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19<sup>th</sup>

Undertaker, George Schilling

Place of Business, Deland Square

R. J. N. Tall. M. D.  
Medical Attendant.  
Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98687 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma J. Woods

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 43 Years, 2 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City. ✓

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give Street and Number. } 837 George St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy,  
Athermia,

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 20<sup>th</sup> 1887

Undertaker, Jm Weaver John Drummond M. D.  
Medical Attendant.

Place of Business, #738 N. Eutan Address, 505 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98688 Office of Registrar of Vital Statistics.

Ward 18<sup>2</sup>

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## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris Walsh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, ✓ Months, ✓ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Albany New York

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give Street and Number. } Callender Alley #120

Cause of Death, { First (Primary), Second (Immediate), } Isaetitis caused by intemperance

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt

Date of Burial, 19 March 1887

Undertaker, A. Rosenberger L. G. Sparrow M. D.

Medical Attendant.

Place of Business, 61 Park Ave Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98689

Office of Registrar of Vital Statistics.

Ward 9<sup>2</sup>

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Holmes Coff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D.C.

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 38 Cary Block

Cause of Death, {First (Primary), Measles  
Second (Immediate), Asthenia-Heart failure  
Due to} Due to

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, March 20 1887

Undertaker, Jas. P. Byrne

Place of Business, 637. mt

Address, 77 S. Bond

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No.

98690

Office of Registrar of Vital Statistics.

Ward

9<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death,

March, 18 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Melvinie Lindstruck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 41 Years,

11 Months,

1 Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give Street and Number. }

103 N. Frederick St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia  
Cerebral Meningitis

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20<sup>th</sup> 1887

{ Undertaker, Henry H. Mears

Frank G. Meyer

M. D.

Medical Attendant.

{ Place of Business, 413 E. Gayette Address,

4 So. Euter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 9869 / Office of Registrar of Vital Statistics.

Ward 1st

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## CERTIFICATE OF DEATH.

Date of Death, March 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Valentine Imhoff

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 2304 Canton Av

Cause of Death, { First (Primary), Second (Immediate), } Asthma accompanied by Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical ch

Date of Burial, March 19th 1887

Undertaker, H. S. S. S. S. John H. Rehberger M. D.

Place of Business, Canton Ave Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]